

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091023495

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			0
3			1			
4	1		1			
5	8		1			
6	8		1			
7	1		1			
8			1			
9			1			
10	3		1			
11	0		1			
12	0		1			
13	0		1			
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TOTAL IND.			2			
TOTAL DEP.			3			
TOTAL CLAIMS			15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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